

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 490)

## Complete if Known

Application Number 10/525,914  
Filing Date 8/26/2003  
First Named Inventor Takiko Nakada  
Examiner Name Robin Hylton  
Art Unit 3781  
Attorney Docket 0388 - 050243

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 330         | 82                    | 540         | 270                   | 220              | 110                   | _____          |
| Design           | 220         | 110                   | 100         | 50                    | 140              | 70                    | _____          |
| Plant            | 220         | 110                   | 330         | 165                   | 170              | 85                    | _____          |
| Reissue          | 330         | 165                   | 540         | 270                   | 650              | 325                   | _____          |
| Provisional      | 220         | 110                   | 0           | 0                     | 0                | 0                     | _____          |

#### 2. EXCESS CLAIM FEES

| Fee Description   | Fee (\$)                         | Small Entity Fee (\$) |
|---|----------------------------------|-----------------------|
| Each claim over 20 (including Reissues)                           | 52                               | 26                    |
| Each independent claim over 3 (including Reissues)                | 220                              | 110                   |
| Multiple dependent claims   | 390                              | 195                   |
| <b>Total Claims - 20 or HP</b>                                    | <b>Extra Claims</b>              | <b>Fee (\$)</b>       |
| 14 - _____ = 0  | _____                            | _____                 |
| HP = highest number of total claims paid for, if greater than 20. |                                  |                       |
| <b>Fee Paid (\$)</b>  | <b>Multiple Dependent Claims</b> | <b>Fee (\$)</b>       |
| 0   | _____                            | _____                 |

**Indep. Claims - 3 or HP** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**  
1 - \_\_\_\_\_ = 0 x \_\_\_\_\_ = 0  
HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

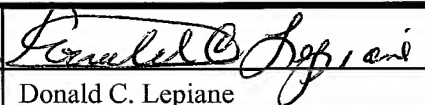
**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**  
\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

#### SUBMITTED BY

|                   |   |   |                        |
|-------------------|---|---|------------------------|
| Signature         |  | Registration No. (Attorney/Agent) 25996 | Telephone 412-471-8815 |
| Name (Print/Type) | Donald C. Lepiane   | Date                                    | July 15, 2010          |